## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

						-,		•	
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence includi ed below or directed at tions,	for transmit ng the Pate herwise in	tting the ISSI nt, advance of Block I, by (1	JE FEE and PUBLIC rders and notification of a) specifying a new co	ATI ti lo	ON FEE (If rec minienance fees pondence addres	wired). E will be o s; and/or	llocks I through 5 sh nailed to the current (b) indicating a sepa	ould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (New: Use Block I for any change of address)						A certificate of Transmittal. Ters. Each addition	l' mailing lile certif ini paper	can only be used for cate cannot be used for such as an assignmen	r domestic mailings of the or any other accompanying it or formal drawing, must
22197 7590 11/05/2009 DIR								•	
PATENT LAV 2424 S.E. BRIS' NEWPORT BEA	£	her into iddi runs	eby certify that to Restal Eurologics essent to the Mu	his Fee(s	of Mailing or Trunsn ) Transmitmi is being letent postage for fler (SCH) 1-151 seldross () 273-2885, on the da	deposited with the United class mall in anonvelope			
NEWPORT BEACH, CA 92660 1/25/2009 SDENBOB4 00000002 10816684				4. 2009	-	7.110		nnson	(Sinks spolected)
			12/2			9,11	<del></del>	N (13)	(Signaluru)
FC:2501 755.00 OP PC:1504 300.00 OP			_6\/					11/24/09	(pigt)
AFFLICATION NO.	PILING DATE	rg		FIRST NAMED INVENTOR		ATTOR		NEY DOCKET NO.	CONFIRMATION NO.
10/816,684	04/01/2004		Anthony Pasanella			25/2005^\$ <u>\\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>			
TITLE OF INVENTION	FORMED SHEET IN	reklocki	NG BRACKE	T AND SAW HORSE	USI	ng such bra	CKET	ONTHANDA GOODO	
							FC:2501 FC:1504		755.00 OP 300.00 OP
APPLN, TYPE	SMALL UNTITY	เรรบน เกน เวบน		PUBLICATION MILL DUE		PRRV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonpravisional	YES	\$755		\$300		\$0		\$1055	02/05/2010
EXAMINER		ART UNIT		CLASS-SUNCLASS		•			
CHAPMAN, JEANETTE E		3633		0\$2-241000					
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				2. For printing on the patent from page, list (1) the names of un to 3 registered patent attorneys  (2) The names of un to 3 registered patent attorneys					
Crit (,303).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up or agents OR, altern	to ;	3 registered pate elv.	nt allom	-,,-	
nee.				(2) the name of a single registered extenses of			a membe	10 2 Lawy	Venture
Tree Address* indication (or "Fee Address* indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered attorney of 2 registered patent a listed, no nume will	or ag itan be p	lent) and the na neys or agents. I whited.	nes of up I de ham	3 Grouy	<u> </u>
3. ASSIGNEE NAME A	nd residence dat/	TO BE I'R	ד אס מפדאני	THE PATENT (print or	турс	2)			
PLEASE NOTE: Unit recordation as set forth	ess an assignce is ident in 37 CFR 3.11. Comp	itied helow. Hetion of thi	no assignce S (ON si muol a	data will appear on the I'u substituic for filing :	pal un 4:	tent. If an assiy ssianment.	n <del>ce</del> is id	entified below, the do	cument has been filed for
(A) NAME OF ASSIC				(B) RESIDENCE: (CI		_			
		-							
Please check the appropri	ate assignee category or	categories (	will not be pri	inted on the putent) :	ום	Individual 🗆 c	orporatio	en or other private grou	p entity 🗖 Government
da. The following fee(s) a	re submitted:		4h	Payment of lice(s): (P	frne	n filmt demands i	and the state of	male maid irona for a	house atmost

M Issue Fee A check is enclosed. Payment by credit card, Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Dublication Fee (No small entity discount permitted) Advance Order - # of Copies 5. Change in Entity Status (from status Indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. L. Applicant is no longer elaiming SMALL ENTITY status. Sec 37 CFR 1.27(0)(2). NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Typed or printed name <u>Gene</u> Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to life (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trudemark Office, U.S. Department of Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number,